

ENGLISH ICE HOCKEY ASSOCIATION RECREATIONAL SECTION



PLAYER REGISTRATION APPLICATION FORM (PRA)

Completed Forms inc. Photos, ID and Payment must be sent to:
registrations@eiharec.co.uk
or by Post to; 33 Fulmar Road Strood. Kent. ME2 2SD



SEASON: 2019/2020 1st October 2019 - 30th September 2020
CLUB/TEAM:

Applicants Personal Details

First Name: Date of Birth:
Middle Name(s): Gender: Male / Female
Surname: Nationality:
Address: Player Category: (Circle as appropriate)
Address:
County: A Never Played Before or Rec Only
B Juniors up to U19 Only
C Any UK Senior League inc. Women's
Z Non UK up to Juniors Only
ZZ Any Non UK Senior League inc. Women's
Post Code:
Coach Licence Number: (If Applicable)

Applicants Agreement

I agree to be bound by the rules, regulations and by-laws of the IIHF, EIHA, EIHA Rec.Section and the club to which I am applying.
I declare that I am not the holder of a valid League Licence* and that all of the above information is correct. I consent to the EIHA holding the above data for use only in relation to my participation in Ice Hockey on the understanding that it will not be shared outside of the EIHA, or sold/distributed to any 3rd party for any reason (*Unless also supplying a LLHP Form from a Womens League Team)

Signature: Date:

Declaration To Be Completed by either Club Contact

I request that the above named player be registered and insured with the above named Club.
I enclose with this form; A Passport Style Photograph (if electronic filename = 'surname'.jpg) and a copy of either their; Birth Certificate or Passport or Driving Licence, as proof of ID
Where the applicant is not GB born, I declare that an International Transfer card is not required

* If this is not the applicants initial application ensure a full fee payment registration has already been processed

Payment to be made by Internet Transfer from your Club Named Account ONLY

1st Team Registration (without AGM Attendance) - £60 With AGM Attendance £55 - 2nd/ 3rd Team - £35

Club Manager

Name:
Signature:
Date:

Game Coordinator

Name:
Signature:
Date: